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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

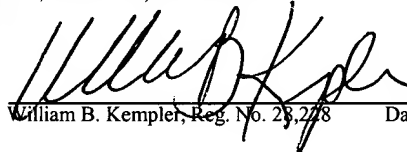
Appl. No. : 09/019,087 Confirmation No. 1640
Applicant : Hiroyuki Enomoto
Filed : 02/05/1998
TC/A.U. : 1765
Examiner : Kunemund, Robert M

Docket No. : TIJ-24816
Customer No. : 23494

AMENDMENT UNDER 37 C.F.R. §1.111 TRANSMITTAL FORM

Non-Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

MAILING CERTIFICATE UNDER 37 C.F.R. §1.8(A) I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Non-Fee Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

 3/15/04
William B. Kempler, Reg. No. 28,228 Date

Sir:

1. Transmitted herewith is an amendment for this application.

STATUS

2. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Applicant is other than a small entity.

- (a) ☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for other total number of months checked below:

	Extension (months)	Fee for other than small entity
<input type="checkbox"/>	one month	\$ 110.00
<input type="checkbox"/>	two months	\$ 400.00
<input type="checkbox"/>	three months	\$ 920.00
<input type="checkbox"/>	four months	\$ 1,440.00

Fee \$ -0-

If an additional extension of time is required please consider this a petition therefore.

☐ An extension for _____ months has already been secured and the fee paid therefore of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☐ Extension fee due with this request \$ _____

OR

(b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	10	Minus	20	= 0	x \$18 =	\$ 0
Independent Claims	3	Minus	3	= 0	x \$86 =	\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMOUNT						\$ 0

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required \$ -0-

FEE PAYMENT

If any additional extension and/or fee is required, charge Deposit Account No. 20-0668 and/or if any additional fee for claims is required, charge Deposit Account No. 20-0668. Two copies of this sheet are enclosed.

Respectfully submitted,
Texas Instruments Incorporated

By 
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